

<b>Shared Living Provider Application – This is not an application for Employment</b>
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**Contractor Information and Qualification Questions:**

Name of Person Requesting Shared Living Contractor status:	
Address:	
Years at current address:	Prior address:
Phone #:	Cell phone #:
Email Address:	
Names of other adults (over 18) living in the home: _____	
How did you learn about being a Home Provider or Respite Provider?	
<input type="checkbox"/> Newspaper/Advertisement <input type="checkbox"/> Agency contact <input type="checkbox"/> Word of Mouth/Relative or Neighbor	
<input type="checkbox"/> Other Source (please specify): _____	

1. Do you understand that you and the other adults living in your home will be subject to multiple types of background checks before completing this process? ( ) Yes ( ) No
2. Are you eligible for employment in the United States? ( ) Yes ( ) No
3. Do you have a valid Maine Driver's License? ( ) Yes ( ) No
4. Do you have an automobile and insurance for the automobile? ( ) Yes ( ) No
5. Have you ever been investigated for abuse/neglect to children or other individuals? ( ) Yes ( ) No
6. Have you ever had a license or certification, to operate a residential care facility denied or placed on conditional status? ( ) Yes ( ) No (If yes, explain below on this page)
7. Are you currently a home provider or has your home ever been certified? If so what agency certified your home? ( ) Yes ( ) No (If yes, explain below on this page)
8. Have you, or anyone in the household, been convicted of any crime? ( ) Yes ( ) No (If yes, explain below on this page)
9. Has anyone in the household ever been the subject of an investigation by a State agency involving the rights, abuse or exploitation of someone in their care/custody? ( ) Yes ( ) No (If yes, explain below on this page)

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**Personal References:** (other than family members or previous employers)

- |               |                    |
|---------------|--------------------|
| 1) Name _____ | Phone #: _____     |
| Address _____ | Relationship _____ |
| _____         |                    |
| 2) Name _____ | Phone #: _____     |
| Address _____ | Relationship _____ |
| _____         |                    |
| 3) Name _____ | Phone #: _____     |
| Address _____ | Relationship _____ |
| _____         |                    |

May OACPDS or a contracting agency contact the above references? ( ) Yes ( ) No

**Contractor Living Situation, Home Environment and Physical Plant:**

Do you own your home (\_\_\_) or rent (\_\_\_)?

Do you see any changes in your current living situation in the next year? ( ) Yes ( ) No

Do you understand that you may be required to update your home to meet certification standards in order to be eligible for this program? ( ) Yes ( ) No

**Contractor Experience, Educational and Training History:**

Do you have a High School Diploma or a GED? ( ) Yes ( ) No From where?: \_\_\_\_\_

Are you certified as a: CRMA / DSP/ CDS / CNA / PSS / First Aid / CPR / other: \_\_\_\_\_

Please list other educational experiences, trainings and certifications:

Please describe your experience with people with disabilities or other human services/education work.

What prompted you to pursue becoming a residential provider for a person with disabilities?

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**Contractor Employment History:**

Most Recent Employment: (please list at least 3, Homemaker is acceptable to list)

a) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Dates of employment:\_\_\_\_\_ Position:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

b) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Dates of employment:\_\_\_\_\_ Position:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

c) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Dates of employment:\_\_\_\_\_ Position:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

May OACPDS or a contracting agency contact the above employers for references regarding your ability to care for people? ( ) Yes ( ) No

Have you received a copy of the Shared Living Handbook? ( ) Yes ( ) No

**Please Note!** In order to be considered as an independent contractor to provide services, it will be necessary to answer some very personal questions regarding yourself and members of your household. Once you have completed this application and submitted it to an Administering Agency, you may be certified if you meet all other requirements to become a Respite and/or a Shared Living Provider. These requirements include background checks for you and those that live with you, successful completion of interviews and home inspection processes. Additionally, training requirements must be met. If you are approved, additional questions will be

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asked of you to assist the individual, their family, their team members, case worker and the Administering Agency in making the best possible decision/match in order to provide quality supports for each individual. When a match is made, the Administering Agency and you will enter into a formal contract and you will be a sub-contractor for that particular agency.

Thank you for your honest and candid responses.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**